



# Minnesota State Grant Questionnaire

This form is needed to verify your Minnesota residency, a requirement for state financial aid eligibility. If discrepancies are found, FAFSA information may need to be updated. Your financial aid file is on hold until this process is completed.

Student Name: \_\_\_\_\_ Star or Student ID: \_\_\_\_\_

## Educational Information

High School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

High School Graduation Date: (MM/YYYY) \_\_\_\_\_

Did you earn a GED?  Yes  No

If "Yes" which State: \_\_\_\_\_ Date earned: \_\_\_\_\_

**Please list the start and end date of residence, states (or countries) in which you have resided, and your reasons (e.g., college, employment, military services, place of birth, etc.) in each state.**

Start Date (MM/YYYY)	End Date (MM/YYYY)	Name of State or Country	Reason for Residence

**Select any that apply to you, your spouse, or your parents regarding Minnesota residency:**

- Active federal military service in Minnesota or Minnesota National Guard member residing in Minnesota
- Spouse or dependent of a Minnesota resident veteran
- Active U.S. Armed Forces reservist living and stationed in Minnesota
- Moved to Minnesota due to a presidentially declared disaster (within 12 months of declared disaster)
- Recently relocated to Minnesota as a refugee

**List all colleges attended after high school and dates of attendance:** Do not include college courses taken during high school. If you withdrew due to a major illness (with physician care) or for active military service after December 31, 2002, note this and provide documentation to the SCC Financial Aid Office.

Name of College	State or Country of School	Dates Attended (MM/YY)	Enrollment Level or Degree

**Dependent Student, please indicate parents address at the time you completed your FAFSA:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I certify that I have read this form and I understand the information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed and signed form to:**

Mail to — Financial Aid Office: 1920 Lee Boulevard North Mankato, MN 56003  
 Securely submit form and required documents using — [Document Uploader](#)  
 Fax: 507-389-7419 Email: [Finaid@southcentral.edu](mailto:Finaid@southcentral.edu)